
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Pedro Johnson

Write the full name of each plaintiff.

____ CV ____
(Include case number if one has been
assigned)

-against-

Rockland County BOCES; Mary Jean Marsico,

Do you want a jury trial?

☒ Yes ☐ No

Chief Operating Officer; Daniel Wilson, Principal
CBI Tech

Write the full name of each defendant. The names listed
above must be identical to those contained in Section I.

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. PARTIES**A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Pedro	M.	Johnson
First Name	Middle Initial	Last Name
252 Reservoir Road		
Street Address		
Southbury	CT	06488
County, City	State	Zip Code
9175697604	bigthursty@gmail.com	
Telephone Number	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	Rockland County BOCES		
	Name		
	65 Parrott Road		
	Address where defendant may be served		
	Rockland, West Nyack	NY	10994
	County, City	State	Zip Code
Defendant 2:	Mary Jean Marsico, Chief Operating Officer		
	Name		
	65 Parrott Road		
	Address where defendant may be served		
	Rockland, West Nyack	NY	10994
	County, City	State	Zip Code

Defendant 3:

Daniel Wilson, Principal CBI Tech Program

Name

65 Parrott Road

Address where defendant may be served

Rockland, West NyackNY10994

County, City

State

Zip Code

II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:
Rockland County BOCES

Name

65 Parrott Road

Address

Rockland, West NyackNY10994

County, City

State

Zip Code

III. CAUSE OF ACTION**A. Federal Claims**

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☒ **Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin**

The defendant discriminated against me because of my (check only those that apply and explain):

- ☒ race: African American
- ☒ color: black
- ☐ religion: _____
- ☐ sex: _____
- ☐ national origin: _____

- ☒ **42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: black

- ☐ **Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: _____

- ☐ **Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: _____

- ☐ **Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: _____

- ☐ **Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

B. Other Claims

In addition to my federal claims listed above, I assert claims under:

- ☒ **New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- ☒ **New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- ☐ Other (may include other relevant federal, state, city, or county law):

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☐ did not hire me
- ☒ terminated my employment
- ☐ did not promote me
- ☐ did not accommodate my disability
- ☐ provided me with terms and conditions of employment different from those of similar employees
- ☐ retaliated against me
- ☒ harassed me or created a hostile work environment
- ☐ other (specify): _____

B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

See attached summary

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? 8/18/20

☐ No

Have you received a Notice of Right to Sue from the EEOC?

☒ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? 1/19/21

When did you receive the Notice? 1/27/21

☐ No

VI. RELIEF

The relief I want the court to order is (check only those that apply):

☒ direct the defendant to hire me

☐ direct the defendant to re-employ me

☐ direct the defendant to promote me

☐ direct the defendant to reasonably accommodate my religion

☐ direct the defendant to reasonably accommodate my disability

☒ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

monetary damages, emotional distress damages

VII. PLAINTIFF'S CERTIFICATION

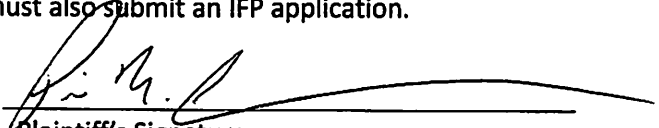
By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

4/7/21

Dated

PedroM.

 Plaintiff's Signature
Johnson

First Name

Middle Initial

Last Name

252 Reservoir Road

Street Address

SouthburyCT06488

County, City

State

Zip Code

9175697604bigthursty@gmail.com

Telephone Number

Email Address (if available)

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☒ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

**Addendum to Federal Complaint against Rockland B.O.C.E.S. for Pedro
Johnson @ 4/7/21**

1. My name is Pedro Johnson. I am of African American descent.
2. In November of 2017, I was hired to teach Special Education social studies at Rockland Board of Cooperative Education Services ("BOCES").
3. In early 2018, Principal of CBI Tech (BOCES), Pamela Charles, scheduled a meeting to inform me that I had to get my special education certification to continue teaching special education social studies. Principal Charles directed me to meet with Ana Reluzco to determine which pathway I could take for Special Education Certification. In July of 2019, I received my special education certification.
4. For the 2019-20 school year, Dan Wilson took over as Principal of Rockland BOCES CBI Tech program.
5. In October of 2019, during a faculty meeting, Principal Wilson announced that he would be looking to admit a "new type" of BOCES Student.
6. After Dan Wilson assumed his position as Principal and subsequently made this announcement, I began to notice that new students admitted to the school consisted of primarily white or white Hispanic students. Prior to Principal Wilson, in my time at the school, there were more black students within the school.
7. On March 4, 2020, child support papers, which pertained to my first marriage, were sent to the school during the school day. I was told by Assistant Principal Elyse to report to the office at the end of the period where I was met by Yasmin Helou-Care, Executive Director of Human Resources, school assigned officer, Officer Carbone, and the serving officer with the service.

8. On March 31, 2020 Principal Wilson told the staff in a Zoom meeting that Rockland BOCES would be reducing staff as BOCES is ultimately a business.
9. On April 3, 2020, Executive Director of Human Resources Yasmin Helou-Care informed me that as of June 30, 2020, I would be effectively terminated. I was told that my performance and feedback was not the reason for my termination but rather at this time the "fit wasn't right".
10. Upon information and belief, no other teachers were dismissed as a result of these reductions.
11. Based on Principal Wilson's comments at the faculty meeting in October 2019, changes in student demographics within the school, and Yasmin Helou-Care's comments stating I was not a good fit, I feel I have been discriminated based on my race. There are no other African American teachers at CBI Tech.
12. Additionally, I feel I have been discriminated based on my marital status since I was informed of my termination less than a month after I was served with child support papers.

New York State Division of Human Rights Employment Complaint Form

Although workers, interns and volunteers of all ages are protected, you must be 18 years or older to file a complaint. A parent, guardian or other person having legal authority to act in the minor's interests must file on behalf of a person under the age of 18.

1. Your contact information:			
First Name <u>Pedro</u>		Middle Initial/Name	
Last Name <u>Johnson</u>			
Street Address/ PO Box <u>252 Reservoir Road</u>		Apt or Floor #:	
City <u>Southbury</u>		State <u>CT</u>	Zip Code <u>06488</u>
If you are filing on behalf of another, provide the name of that person:		Date of birth:	Relationship:
2. Regulated Areas: Check the area where the discrimination occurred: (If you wish to file against multiple entities, for example employer and temp agency, please file a separate complaint against each.)			
<input checked="" type="checkbox"/> Employment (including paid internship)		<input type="checkbox"/> by a Labor Organization	
<input type="checkbox"/> Internship (unpaid)		<input type="checkbox"/> Apprentice Training	
<input type="checkbox"/> Contract Work (independent contractor, or work for a contractor)		<input type="checkbox"/> by a Temp or Employment Agency	
<input type="checkbox"/> Volunteer Position		<input type="checkbox"/> Licensing	
3. You are filing a complaint against:			
Employer, Worksite, Agency or Union Name <u>Rockland County B.O.C.E.S</u>			
Street Address/ PO Box <u>65 Parrott Road</u>		Text	
City <u>West Nyack</u>	State <u>NY</u>	Zip Code <u>10994</u>	
Telephone Number: <u>845-627-4700</u>			
In what county or borough did the violation take place? <u>Rockland County</u>			
Individual people who discriminated against you:			
Name: <u>Daniel Wilson</u>		Title: <u>Principal</u>	
Name: <u>Mary Jean Marisco</u>		Title: <u>Chief Operating Officer</u>	
If you need more space, please list them on a separate piece of paper.			
4. Date of alleged discrimination (must be within one year of filing):			
The most recent act of discrimination happened on: <u>04</u> <u>03</u> <u>2020</u> month day year			
5. For employment and internships, how many employees does this company have?			
<input type="checkbox"/> 1-14 <input type="checkbox"/> 15-19 <input type="checkbox"/> 20 or more <input checked="" type="checkbox"/> Don't know			

6. Are you currently working for this company?					
<input type="checkbox"/> Yes. Date of hire:			What is your position?		
<input checked="" type="checkbox"/> No. Last day of work:			What was your position?		
			Teacher		
<input type="checkbox"/> I was never hired.			What position did you apply for?		
Date of application:					
7. Basis of alleged discrimination:					
Check ONLY the boxes that you believe were the reasons for discrimination, and fill in specifics only for those reasons. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.					
<input type="checkbox"/> Age: Date of Birth:			<input type="checkbox"/> Familial Status:		
<input type="checkbox"/> Arrest Record			<input type="checkbox"/> Military Status:		
<input type="checkbox"/> Conviction Record			<input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran		
<input type="checkbox"/> Creed/ Religion: Please specify:			<input checked="" type="checkbox"/> Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
<input type="checkbox"/> Disability: Please specify:			<input type="checkbox"/> National Origin: Please specify:		
<input type="checkbox"/> Domestic Violence Victim Status			<input type="checkbox"/> Predisposing Genetic Characteristic:		
<input type="checkbox"/> Gender Identity or Expression, Including the Status of Being Transgender			<input type="checkbox"/> Pregnancy-Related Condition: Please specify:		
<input checked="" type="checkbox"/> Race/Color or Ethnicity: Please specify: African American <input type="checkbox"/> Trait historically associated with race such as hair texture or hairstyle			<input type="checkbox"/> Sexual Orientation: Please specify:		
<input type="checkbox"/> Sex:			<input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment		
<input type="checkbox"/> Use of Guide Dog, Hearing Dog, or Service Dog					
If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:					
<input type="checkbox"/> Retaliation: How did you oppose discrimination:					
If you believe you were discriminated against because of your relationship or association with a member or members of a protected category listed above, indicate the relevant category(ies) above, and check below.					
<input type="checkbox"/> Relationship or association					

8. Acts of alleged discrimination: What did the person/company you are complaining against do? Check all that apply			
<input checked="" type="checkbox"/> Refused to hire me	<input checked="" type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input type="checkbox"/> Denied my request for an accommodation for my disability, or pregnancy-related condition	<input type="checkbox"/> Sexual harassment
<input checked="" type="checkbox"/> Fired me/laid me off	<input type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for domestic violence	<input checked="" type="checkbox"/> Harassed or intimidated me on any basis indicated above
<input type="checkbox"/> Demoted me	<input type="checkbox"/> Did not call back after lay-off	<input type="checkbox"/> Denied me an accommodation for my religious practices	<input type="checkbox"/> Denied services or treated differently by a temp or employment agency
<input type="checkbox"/> Denied me promotion/pay raise	<input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input type="checkbox"/> Denied me leave time or other benefits	<input type="checkbox"/> Denied a license by a licensing agency
<input type="checkbox"/> Denied me training	<input type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input type="checkbox"/> Discriminatory advertisement or inquiry or job application	<input type="checkbox"/> Other:

9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.

See attached

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.

Additional Information

This page is for the Division's records and will remain confidential and will not be sent to the company or person(s) whom you are filing against.

1. Contact Information

My primary telephone number:
917-569-7604

My secondary telephone number:

My email address:
Bigthursty@gmail.com

Date of birth:
01/08/1971

Contact person: (Someone who does not live with you but will know how to contact you if the Division cannot reach you)

Name: Florence Palmer

Telephone number: 845-796-8275

Address: 74 Sturgis Road Monticello NY 12701

Email address: Florencepalmer@yahoo.com

Relationship to me: Mother

2. Special Needs

I am in need of:

- ☐ Interpretation (if so what language?): _____
- ☐ Accommodations for a disability: _____
- ☐ Privacy. Keep my contact information confidential as I am a victim of domestic violence
- ☐ Other: _____

3. Settlement / Conciliation

To settle this complaint, I would accept: (Explain what you want to happen as a result of this complaint. Do you want a letter of apology, job offer, return to the job, an end to the harassment, compensation, etc.?)

Return to job

Physical / Emotional Damages

Compensation for lost wages

removal of any problem codes from my personnel file

4. Witnesses (information about witnesses may be shared with the parties as necessary for the investigation)

The following people saw or heard the discrimination and can act as witnesses:

Name: Yolanda Moran

Title: Teacher Aide

Telephone Number: 845-321-0347

Relationship to me: _____

What did this person witness?

Yolanda witnessed Daniel Wilson state that he would only be accepting "a new type of student" into the B.O.C.E.S. program

Name: _____

Title: _____

Telephone Number: _____

Relationship to me: _____

What did this person witness?

Additional Information, Page Two

5. Did you report or complain about the discrimination to someone else? ☒ Yes ☐ No

If yes, how exactly did you complain about the discrimination? (To whom did you complain?)

I wrote a letter regarding Dan Wilson's statement to the Rockland B.O.C.E.S. Board and their attorney Richard Kass

Date you reported or complained about discrimination:

05

month

04

day

2020

year

What happened after you complained?

No changes were made but rather I was allowed to read my letter to the board at a meeting on May 6, 2020.

If you did not report the discrimination, please explain why:

6. Were other people treated the same as you? How?

(For example, people who were harassed by the same manager, disciplined or terminated for the same reasons, did not receive an accommodation for the same reasons, etc.).

If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, religions, etc.

To my knowledge there is only one other African American teacher in all of Rockland B.O.C.E.S. / CBI Tech.

7. Were other people treated better than you? How?

(For example, people who were not fired for doing the same thing you were fired for, people who were doing the same job but making more money, etc.).

If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, religions, etc.

In the reasons for my termination they stated "excessive absences". I was only absent when it was absolutely necessary. Other caucasian teachers would arrive late or even had more absences than myself yet still work at the school.

Addendum to SDHR against Rockland B.O.C.E.S. for Pedro Johnson @
08/04/20

1. My name is Pedro Johnson. I am of African American descent.
2. In November of 2017, I was hired to teach Special Education social studies at Rockland B.O.C.E.S. ("BOCES")
3. In early 2018, Principal of CBI Tech (BOCES), Pamela Charles, scheduled a meeting to inform me that I had to get my special education certification to continue teaching special education social studies. In July of 2019, I received my special education certification.
4. For the 2019-20 school year, Dan Wilson took over as Principal of Rockland BOCES.
5. In October of 2019, during a faculty meeting, Principal Wilson announced that he would be looking to admit a "new type" of BOCES Student.
6. After Dan Wilson assumed his position as Principal and subsequently made this announcement, I began to notice that new students admitted to the school consisted of primarily white or white Hispanic students. Prior to Principal Wilson, in my time at the school, there were more black students within the school.
7. On March 4, 2020, child support papers, which pertained to my first marriage, were sent to the school during the school day. I was told by Assistant Principal Elyse to report to the office at the end of the period where I was met by Yasmin Helou-Care, Superintendent of Personnel, school assigned officer, Officer Carbone, and the serving officer with the service.

- 8. On March 31, 2020 Principal Wilson told me that Rockland BOCES would be reducing staff.**
- 9. On April 3, 2020, Director of Personnel Jasmine Heloucare informed me that as of June 30, 2020, I would be effectively terminated. I was told that my performance and feedback was not the reason for my termination but rather at this time the "fit wasn't right".**
- 10. Upon information and belief, no other teachers were dismissed as a result of these reductions.**
- 11. Based on Principal Wilson's comments at the faculty meeting in October 2019, changes in student demographics within the school, and Jasmine Heloucare's comments stating I was not a good fit, I feel I have been discriminated based on my race.**
- 12. Additionally, I feel I have been discriminated based on my marital status since I was informed of my termination less than a month after I was served with child support papers.**

EEOC Form 161 (11/2020)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Pedro Johnson**
252 Reservoir Road
Southbury, CT 06488

From: **New York District Office**
33 Whitehall Street
5th Floor
New York, NY 10004

☐

On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

16G-2020-03734

Holly M. Shabazz,
State & Local Program Manager

(929) 506-5316**THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**☐

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.

☐

Your allegations did not involve a disability as defined by the Americans With Disabilities Act.

☐

The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.

☐

Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge

☐

The EEOC issues the following determination: The EEOC will not proceed further with its investigation, and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.

☐

The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.

☒

Other (briefly state)

Charging Party wishes to pursue matter in Federal District Court.

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



January 19, 2021

Enclosures(s)

Judy A. Keenan,
District Director

(Date Issued)

cc:

Attn: Director of Human Resources
BOARD OF COOPERATIVE EDUCATIONAL SE
65 Parrot Road
West Nyack, NY 10994